



PROPOSED RULE-MAKING
(RCW 34.05.320)

CR-102 (7/23/95)

Agency: Public Disclosure Commission

- ☒ Original Notice
☐ Supplemental Notice
to WSR _____
☐ Continuance of WSR

Proposal Statement of inquiry was filed as WSR 00-16-135; or

☐ Proposal is exempt under RCW 34.05.310(4).

(a) Title of rule (Describe Subject):

WAC 390-20-0101 Forms for lobbyist registration.

Purpose: To eliminate the compensation contingency language and include additional contact information on the lobbyist registration form (PDC form L1).

Other identifying information:

(b) Statutory authority for adoption:

RCW 42.17.370(1)

Statute being implemented:

RCW 42.17.150

(c) **Summary:** All individuals compensated to lobby state government officials are required to register with the Public Disclosure Commission prior to lobbying. RCW 42.17.230(2)(f) restricts lobbyists from entering into an agreement where compensation is contingent upon success. The current lobbyist registration form asks if any part of the lobbyist's compensation is contingent on the success of an attempt to influence legislation. The provision found on the lobbyist registration form is not needed. **Additional contact information (Cell Phone, Pager, E-mail Address) was added to the registration form.**

Reasons supporting proposal:

It is currently illegal under RCW 42.17.230(2)(f) for lobbyist to be compensated based on the success of an attempt to influence legislation. The language in the lobbyists registration form needed to be changed and additional contact information was added for agency accessibility.

(d) Name of Agency Personnel Responsible for:	Office Location	Telephone	
1. Drafting	Doug Ellis	PDC, 711 Capitol Way, Rm 403, Olympia	(360) 664-2735
2. Implementation	Doug Ellis	PDC, 711 Capitol Way, Rm 403, Olympia	(360) 664-2735
3. Enforcement	Phil Stutzman	PDC, 711 Capitol Way, Rm 403, Olympia	(360) 664-8853

(e) Name of proponent (person or organization):

Public Disclosure Commission

- ☐ Private
☐ Public
☒ Governmental

(f) Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: None

(g) Is rule necessary because of:

Federal Law?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Federal Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
State Court Decision?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Citation:

(h) Hearing location:

Commission Hearing Room
Evergreen Plaza Building
711 Capitol Way, Room 206
Olympia, WA

Date: October 24, 2000

Time: 9:00 a.m.

Assistance for persons with disabilities: Ruthann Bryant (360) 753-1111

NAME

Vicki Rippie

SIGNATURE

TITLE Executive Director

DATE

9/20/00

Submit written comments to:

Doug Ellis
Public Disclosure Commission
PO Box 40908
Olympia, WA 98504-0908
Fax (360) 753-1112 by October 20, 2000

DATE OF INTENDED ADOPTION:

October 24, 2000

CODE REVISER USE ONLY

SEP 20 2000

11:55

00-19-124

(j) Short explanation of rule, its purpose, and anticipated effects:

The rule would eliminate language that is currently unlawful under RCW 42.17.230(2)(f) and add additional contact information. The rule would not lead lobbyists to presume that contingency lobbying was legal.

Does proposal change existing rules: ☒ **YES** ☐ **NO** If yes, describe changes:

The rule eliminates a question about contingency lobbying on the lobbyist registration form and adds additional way to contact registered lobbyists.

(k) Has a small business economic impact statement been prepared under chapter 19.85 RCW?

☐ **YES. Attach copy of small business economic impact statement.**
A copy of the statement may be obtained by writing to:

☒ **NO. Explain why no statement was prepared.**

The implementation of this rule does not impact small businesses. It would only apply to businesses if they are lobbying firms who register with the state, however there would be no economic impact on such businesses.

(l) Does section 201, chapter 403, Laws of 1995, apply to this rule adoption? ☐ Yes ☒ No
Please explain:

The PDC is not an agency listed in subsection (5)(a)(i) of section 201. Further, the PDC does not voluntarily make section 201 applicable to this rule adoption pursuant to subsection (5)(a)(ii) of section 201, and to date JARRC has not made section 201 applicable to this rule adoption.

AMENDATORY SECTION (Amending WSR 91-09-021, filed 4/10/91)

WAC 390-20-0101 Forms for Lobbyist Registration. The official form for lobbyist registration as required by RCW 42.17.150 is designated "L-1," revised ((3/94)) 11/00. Copies of this form are available at the commission office, Room ((403)) 206, Evergreen Plaza Building, Olympia, Washington 98504. Any attachments shall be on 8-1/2" x 11" white paper.

711 CAPITOL WAY RM 403
PO BOX 48898
OLYMPIA WA 98504-0898
(206) 753-1111

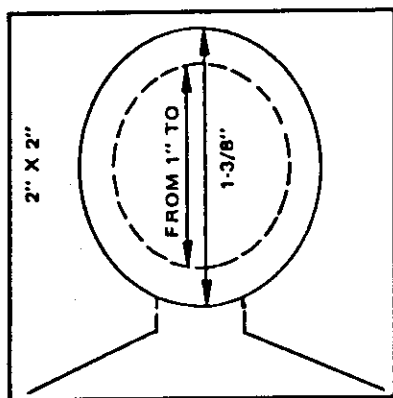
LOBBYIST REGISTRATION

THIS SPACE FOR OFFICE USE

L1

1. LOBBYIST NAME		L1		
PERMANENT BUSINESS ADDRESS				
CITY	STATE		ZIP	
2. TEMPORARY THURSTON COUNTY ADDRESS DURING LEGISLATIVE SESSION		TELEPHONE PERMANENT: TEMPORARY:		
3. EMPLOYER'S NAME AND ADDRESS (PERSON OR GROUP FOR WHICH YOU LOBBY)		EMPLOYER'S OCCUPATION, BUSINESS OR DESCRIPTION OF PURPOSE OF ORGANIZATION		
4. NAME AND ADDRESS OF PERSON HAVING CUSTODY OF ACCOUNTS, RECEIPTS, BOOKS OR OTHER DOCUMENTS WHICH SUBSTANTIATE LOBBYIST REPORTS.				
5. WHAT IS YOUR PAY (COMPENSATION) FOR LOBBYING? \$ _____ PER _____ (Hour, Day, Month, Year) OTHER: EXPLAIN _____	DESCRIPTION OF EMPLOYMENT (CHECK ONE OR MORE BOXES) <input type="checkbox"/> FULL TIME EMPLOYEE <input type="checkbox"/> PART TIME OR TEMPORARY EMPLOYEE <input type="checkbox"/> CONTRACTOR, RETAINER OR SIMILAR AGREEMENT <input type="checkbox"/> UNSALARIED OFFICER OR MEMBER OF GROUP <input type="checkbox"/> SOLE DUTY IS LOBBYING <input type="checkbox"/> LOBBYING IS ONLY A PART OF OTHER DUTIES			
6. ARE YOU REIMBURSED FOR LOBBYING EXPENSES? EXPLAIN WHICH EXPENSES. <input type="checkbox"/> YES: \$ _____ PER _____ <input type="checkbox"/> YES: I AM REIMBURSED FOR EXPENSES. <input type="checkbox"/> NO: I AM NOT REIMBURSED FOR EXPENSES.	DOES EMPLOYER PAY ANY OF YOUR LOBBYING EXPENSES DIRECTLY? IF YES, EXPLAIN WHICH ONES.			
7. HOW LONG DO YOU EXPECT TO LOBBY FOR THIS ORGANIZATION? <input type="checkbox"/> PERMANENT LOBBYIST <input type="checkbox"/> ONLY DURING LEGISLATIVE SESSION <input type="checkbox"/> OTHER, EXPLAIN: _____				
8. IF ANY PART OF YOUR COMPENSATION IS CONTINGENT ON THE SUCCESS OF AN ATTEMPT TO INFLUENCE LEGISLATION, ATTACH AN EXPLANATION FULLY DESCRIBING THE AGREEMENT, ARRANGEMENT OR UNDERSTANDING. <input type="checkbox"/> NO <input type="checkbox"/> YES. EXPLANATION ATTACHED				
9. IS YOUR EMPLOYER A BUSINESS OR TRADE ASSOCIATION OR SIMILAR ORGANIZATION WHICH LOBBIES ON BEHALF OF ITS MEMBERS? IF "YES", ATTACH A LIST SHOWING THE NAME AND ADDRESS OF EACH MEMBER WHO HAS PAID THE ASSOCIATION FEES, DUES OR OTHER PAYMENTS OVER \$500 DURING EITHER OF THE PAST TWO YEARS OR IS EXPECTED TO PAY OVER \$500 THIS YEAR. <input type="checkbox"/> NO <input type="checkbox"/> YES. THE LIST IS ATTACHED				
10. DOES YOUR EMPLOYER HAVE A CONNECTED, RELATED OR CLOSELY AFFILIATED POLITICAL ACTION COMMITTEE WHICH WILL PROVIDE FUNDS FOR YOU TO MAKE POLITICAL CONTRIBUTIONS INCLUDING PURCHASE TICKETS TO FUND RAISING EVENTS? IF SO, LIST THE NAME OF THAT POLITICAL ACTION COMMITTEE. <input type="checkbox"/> NO <input type="checkbox"/> YES. NAME OF THE COMMITTEE IS: _____				
11. IF LOBBYIST IS A COMPANY, PARTNERSHIP OR SIMILAR BUSINESS ENTITY WHICH EMPLOYS OTHERS TO PERFORM ACTUAL LOBBYING DUTIES, LIST NAME OF EACH PERSON WHO WILL LOBBY. (SEE WAC 390-20-143 AND 144 FOR INSTRUCTIONS.)				
12. AREAS OF INTEREST. LOBBYING IS MOST FREQUENT BEFORE LEGISLATIVE COMMITTEE MEMBERS OR STATE AGENCIES CONCERNED WITH FOLLOWING SUBJECTS: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> CODE SUBJECT 01 <input type="checkbox"/> Agriculture 02 <input type="checkbox"/> Business and Consumer Affairs 03 <input type="checkbox"/> Constitutions and Elections 04 <input type="checkbox"/> Education 05 <input type="checkbox"/> Energy and Utilities 06 <input type="checkbox"/> Environmental Affairs—Natural Resources—Parks 07 <input type="checkbox"/> Financial Institutions and Insurance </td> <td style="width: 50%; vertical-align: top;"> CODE SUBJECT 08 <input type="checkbox"/> Fiscal 09 <input type="checkbox"/> Higher Education 10 <input type="checkbox"/> Human Services 11 <input type="checkbox"/> Labor 12 <input type="checkbox"/> Law and Justice 13 <input type="checkbox"/> Local Government 14 <input type="checkbox"/> State Government 15 <input type="checkbox"/> Transportation 16 <input type="checkbox"/> Other—specify _____ </td> </tr> </table>		CODE SUBJECT 01 <input type="checkbox"/> Agriculture 02 <input type="checkbox"/> Business and Consumer Affairs 03 <input type="checkbox"/> Constitutions and Elections 04 <input type="checkbox"/> Education 05 <input type="checkbox"/> Energy and Utilities 06 <input type="checkbox"/> Environmental Affairs—Natural Resources—Parks 07 <input type="checkbox"/> Financial Institutions and Insurance	CODE SUBJECT 08 <input type="checkbox"/> Fiscal 09 <input type="checkbox"/> Higher Education 10 <input type="checkbox"/> Human Services 11 <input type="checkbox"/> Labor 12 <input type="checkbox"/> Law and Justice 13 <input type="checkbox"/> Local Government 14 <input type="checkbox"/> State Government 15 <input type="checkbox"/> Transportation 16 <input type="checkbox"/> Other—specify _____	REMARKS
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CERTIFICATION: I HEREBY CERTIFY THAT THE ABOVE IS A TRUE, COMPLETE AND CORRECT STATEMENT.		EMPLOYER'S AUTHORIZATION: CONFIRMING THE EMPLOYMENT AUTHORITY TO LOBBY DESCRIBED IN THIS REGISTRATION STATEMENT.		
13. LOBBYIST'S SIGNATURE	DATE	EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED AND TITLE		
		DATE		

LOBBYIST IDENTIFICATION FORM



NAME:
BUSINESS ADDRESS:

PHONE:

OLYMPIA ADDRESS:

PHONE:

EMPLOYERS' NAMES:

YEAR FIRST EMPLOYED AS A LOBBYIST:
BIOGRAPHY:

INSTRUCTIONS

ATTACH THIS PAGE TO YOUR L-1 REGISTRATION.

ATTACH 2" x 2" PASSPORT TYPE, BLACK AND WHITE PHOTO. PHOTO SHOULD BE HEAD AND SHOULDERS, FULL FACE, AND TAKEN WITHIN LAST 12 MONTHS.

PLEASE WRITE, LIGHTLY IN PENCIL, NAME ON BACK OF PHOTO BEFORE ATTACHING.

PHOTOS WILL NOT BE RETURNED.

PLEASE SEE INSTRUCTION BOOKLET FOR EXAMPLE OF BIOGRAPHY. LIST ALL EMPLOYERS ON THIS PAGE IF YOU HAVE MORE THAN ONE EMPLOYER. IF YOU LATER ADD ADDITIONAL EMPLOYERS, PDC WILL INCLUDE THEM FOR YOU.

PLEASE USE TYPEWRITER TO COMPLETE THIS PAGE.

LOBBYIST REGISTRATION

L1

THIS SPACE FOR OFFICE USE

1. Lobbyist Name

Permanent Business Address

City

State

Zip

Business Telephone Numbers

Permanent ()

Temporary ()

Cell Phone ()
or Pager

2. Temporary Thurston County address during legislative session

E-Mail Address

3. Employer's name and address (person or group for which you lobby)

Employer's occupation, business or description of
purpose of organization

4. Name and address of person having custody of accounts, receipts, books or other documents which substantiate lobbyist reports.

5. What is your pay (compensation) for lobbying?

\$ _____ per _____
(hour, day, month, year)

Other: Explain:

Description of employment (check one or more boxes)

☐ Full time employee

☐ Part time or temporary employee

☐ Contractor, retainer or similar agreement

☐ Unsalariated officer or member of group

☐ Sole duty is lobbying

☐ Lobbying is only a part
of other duties

6. Are you reimbursed for lobbying expenses? Explain which expenses.

☐ Yes: \$ _____ per _____

☐ Yes: I am reimbursed for expenses.

☐ No: I am not reimbursed for expenses.

Does employer pay any of your lobbying expenses directly?
If yes, explain which ones.

7. How long do you expect to lobby for this organization?

☐ Permanent lobbyist

☐ Only during legislative session

☐ Other, Explain:

8. Is your employer a business or trade association or similar organization which lobbies on behalf of its members? If "yes," attach a list showing the name and address of each member who has paid the association fees, dues or other payments over \$500 during either of the past two years or is expected to pay over \$500 this year.

☐ No

☐ Yes. However, no member has paid, pays, or is expected to pay over \$500.

☐ Yes. The list is attached

9. Does your employer have a connected, related or closely affiliated political action committee which will provide funds for you to make political contributions including purchase tickets to fund raising events? If so, list the name of that political action committee.

☐ No

☐ Yes. Name of the committee is:

11. Areas of interest. Lobbying is most frequent before legislative committee members or state agencies concerned with following subjects:

CODE SUBJECT

01 ☐ Agriculture

02 ☐ Business and consumer affairs

03 ☐ Constitutions and elections

04 ☐ Education

05 ☐ Energy and utilities

06 ☐ Environmental affairs - natural

resources - parks

07 ☐ Financial institutions and
insurance

CODE SUBJECT

08 ☐ Fiscal

09 ☐ Higher education

10 ☐ Human services

11 ☐ Labor

12 ☐ Law and justice

13 ☐ Local government

14 ☐ State government

15 ☐ Transportation

16 ☐ Other - Specify:

Remarks:

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement.

12. LOBBYIST'S SIGNATURE

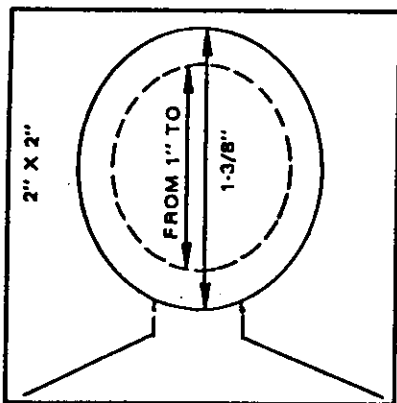
DATE

EMPLOYER'S AUTHORIZATION: Confirming the employment authority to lobby described in this registration statement.

EMPLOYER'S SIGNATURE, NAME TYPED OR PRINTED, AND TITLE

DATE

LOBBYIST IDENTIFICATION FORM



NAME:
BUSINESS ADDRESS:

PHONE:

OLYMPIA ADDRESS:

PHONE:

EMPLOYERS' NAMES:

YEAR FIRST EMPLOYED AS A LOBBYIST:
BIOGRAPHY:

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